N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 14 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7713

File No. 668

Registered No. 71

1. PLACE OF DEATH
County: Pettis
Registration District No. 668
Township:
Primary Registration District No. 3032
City: Sedalia (No. , St. Ward)

2. FULL NAME: James Washington
(a) Residence, No. 709 W Washington St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Patsy Washington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4 1857
7. AGE: Years 82 Months 4 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common Labor
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pettis Co Mo

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Patsy Washington Sedalia
18. BURIAL, CREMATION, OR REMOVAL PLACE: Sedalia Mo DATE: Feb 19, 1940
19. UNDERTAKER (ADDRESS): F. D. Ferguson Sedalia
20. FILED: 2-19-, 1940 Mrs. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-12-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-16-, 1940 to 2-12-, 1940
I last saw h. alive on 2-12-, 1940 Death is said to have occurred on the date stated above, at 7:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:
Dropsy
Edema

Name of operation: Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. R. Wheeler M. D.
(Address) 116 E. W. Urania

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-70